

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/386194

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
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41		2		2		
42		2		2		
43		2		2		
44		2		2		
45		2		2		
46	1		1			
47	1		1			
48		2		2		
49		2		2		
50	1		1			
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1			
52		1	1			
53		2	1	1		
54		2	1	1		
55		2	1	1		
56		2	1	1		
57	1					
58		2				
59		2				
60	1					
61		1				
62		2				
63	1					
64		1				
65		2				
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71		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						